

### Approved For Release 2003/08/13: CIA-RDP86-00964R0000000002-8

#### AGENDA

GOVERNMENT EMPLOYEES' HEALTH ASSOCIATION, INC.

Board of Directors' Meeting

29 June 1966

2:00 p.m., Room 5 E 62

- 1. Call to Order
- 2. Reading of minutes (unless dispensed with)
- 3. Discussion of letter from Mr. Norman Conway, Mutual of Omaha, re improvements in contract and rate increases to be effective 1 January 1967.
- 4. Other Business
- 5. Adjournment





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# GOVERNMENT EMPLOYEES HEALTH ASSOCIATION Board of Directors Meeting A0 May 1966

A regular meeting of the Government Employees' Health Association; Inc., Board of Directors was held on 20 May 1966 at 10:30 a.m. in Room 5 E 62, Headquarters Building. Those present were:

Directors			
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	ctor		
John M. Clarke, Di	rector		
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The state of the s	ent	1000	
	Vice Presiden	t-Secret	tary
	, Legal Advis	or	
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Absent was:

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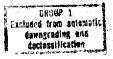
25X1

Joseph Becker, Director

The Chairman called the meeting to order. There being no corrections or additions, the minutes of the previous Board meeting were approved as presented.

The Chairman noted that each Board member had a copy of a memorandum from the President dated 12 May 1966, copy attached, concerning the PAMA insurance plan and the question of whether it should be continued, the issue having been raised by the Medicare legislation. The President reported that the underwriter was asked to evaluate the impact of Medicare on the PAMA plan. The underwriter advised that the present PAMA plan could not be continued because it





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would not be possible to obtain necessary bills and reports in order to settle PAMA claims when medicare coverage has been used. As mentioned in the President's memorandum to Board members, two alternative plans of insurance were offered. The President then asked the Board to consider a more basic question; whether or not to keep PAMA in the light of Medicare legislation, before proceeding with a discussion of the alternative plans. He reminded the Board that PAMA was developed because prior to Medicare there had been a real need for many employees to have such coverage for their parents and parents-in-law. With the passage of Medicare, which more than adaquately satisfies this need, the question arises as to whether the Agency has any basis for continuing any form of PAMA coverage.

reported that he had studied the information furnished
by the President and had prepared a comparison of the different programs
to supplement Medicare. He distributed copies of this comparison to
each Board member. On long term illnesses, [ound that]
the plan offered by Blue Cross-Blue Shield would provide better coverage
whereas our proposed plan would suit short term illnesses. The Chairman
asked about the experience on long term illnesses. The President stated
that our experience has shown that there are very few long term illnesses.
although he did recognize that this was a problem to be considered.
noted that generally speaking most hospital admissions for
patients of this age bracket are from fifteen to thirty days; a few extend
to sixty days. Beyond sixty days, the patient has usually died or reached
the point where less highly specialized care is needed and the patient is
transferred to a nursing home. In addition, those cases which are over
sixty days generally tend to be of a psychiatric nature.
stated that it will not be possible to get enough people:
interested in a supplemental plan to make it feasible. The President
noted that 90% of the present policyholders must join in order to continue
an alternative plan and that it would be doubtful that this many would do so.
Mr. Clarke noted that the problem here is whether the Agency
should put out so much effort on something for parents of employees in
the light of the broad Medicare coverage, and questioned whether there is a
was any justification for continuing any form of PAMA coverage.
agreed and noted that anything we could offer to employees
could be bought by them on the outside at practically the same cost.
The President agreed with this and also noted that the Medicare plan
will no doubt be improved as time goes on and the need for a supplemental
plan will be reduced even more.

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After a full discussion of vamoved that PAMA lie dropped entwhich was unanimously approved.	" I	notion	25X1 25X1
The Chairman asked what thas been made to drop PAMA. 'I had been sent to employees urginuntil Medicare goes into effect or 30 June 1966. The next step is to on the subject.	g policyholders not to drop PAI n l July 1966. Our plan will en	ulletin MA	25X1
The Chairman then thanked for the work he did in preparing the Board in making its decision minutes.	the comparison. This was usef	ul to	25X1
The Vice President-Secretainst if a policyholder has a paren under the PAMA plan will continu	•	verage	
The Chairman asked for other that we may have to call a special plan to consider whether to improve planning to increase the Gover the noted that we are hoping to us rate but to increase benefits ever	ove benefits. He stated that the nment contribution on health be te that money not to reduce the	ospitalizatio e Congress nefits.	on
The President reported that for our UBLIC retires coverage about, it is planned to institute coverage.	* *	_	• •
There being no further bus	iness, the meeting was adjourn	ed at	
	Respectfully submitted,		25X1

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D. D. ULFERS PRESIDENT 11

HOME OFFICE OMAHA, NEBRASKA

MUTUAL OF OMAHA INSURANCE COMPANY

WASHINGTON, D.C., RECIONAL CROUP OFFICE SUITE 1215, 1750 PENISYLVANIA AVE., N.W. WASHINGTON, D.C. 20006 278-8084 NORMAN C, CONWAY MANAGER

June 16, 1966

STATINTL

Government Employees Health Association Post Office Box 463 Washington, D.C.

GMG 1799

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Dear	
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To comply with the United States Civil Service Commission requirement that benefit changes in your contract GMG 1799 for the period beginning January 1, 1967 be filed prior to June 30, 1966, we respectfully submit the following new Denefits and their attendant monthly brochure rates:

1. Increase the daily room and board benefit under the high option from \$25 to \$30 per day.

\$.58 for self only \$1.51 for self and family

2. Treat attempted suicide associated with a mental illness as any other accident or sickness while hospital confined and as a mental or nervous condition if not hospital confined.

\$.02 for self only \$.05 for self and family

3. Pay out of hospital drugs for mental and nervous conditions at 80% rather than the present 50%.

\$.01 for self only \$.03 for self and family

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4. Consider alcoholism and drug addiction associated with a mental illness as a covered expense.

9.02 for self only9.04 for self and family

During the last two years, we have noted a significant upward trend in the loss ratio for your group and especially so within the last five months.

Should this trend continue, and it gives every indication of doing so, we would seriously recommend to you and your Board of Directors an experience rating increase for the forthcoming contract period beginning January 1, 1967 to offset this trend and to stabilize your experience for the new contract period.

We do not, at present, feel we have accumulated enough information to establish the exact percentage of such an increase nor will we have such information until we have had the opportunity of reviewing at least two additional months of actual claims.

We will, of course, make our recommendations to you well in advance of the August 31, 1966 deadline and in enough time for consideration by you and your Board.

I wish to take this opportunity to thank you and on behalf of Mr. Jones, Mr. Randall and myself for our very productive meeting on Wednesday, June 8, 1966.

STATINTL

Sincerely.

Norman C. Conway Regional Manager

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